



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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INDEPENDENT RURAL HEALTH CLINIC BULLETIN

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TECHNICAL COMPONENTS: LABORATORY, RADIOLOGY, AND EKG SERVICES

Effective for dates of service on or after July 1, 2006, Independent Rural Health Clinics (RHCs) may bill Missouri Medicaid, using their active 50 provider number, (Clinic/Group) for technical components of laboratory, radiology, and electrocardiogram (EKG) services. Independent RHCs may bill the Medicaid fee schedule located at <http://www.dss.missouri.gov/dms/providers/pages/cptagree.htm>. Reimbursement will be according to the fee schedule.

INDEPENDENT RURAL HEALTH CLINICS WITHOUT A PROVIDER TYPE 50 NUMBER

Independent RHC providers not currently enrolled with an active 50 (Clinic/Group) provider number must complete a Medicaid provider enrollment application and request a 50 (Clinic/Group) provider number. RHCs wanting to bill for technical components are encouraged to enroll for a 50 provider number (Clinic/Group) with Missouri Medicaid.

The Missouri Medicaid Provider Enrollment Application may be accessed at our Web site at <http://manuals.momed.com/Application.html>. Select provider type 50 (Clinic/Group) and complete and submit the application form on-line.

INDEPENDENT RURAL HEALTH CLINICS WITH A PROVIDER TYPE 50 NUMBER

Independent RHCs with an active 50 (Clinic/Group) provider number are not required to submit a new application. Current provider type 50 (Clinic/Group) provider numbers may be used to bill technical components for laboratory, radiology and EKG services performed at the RHC for

dates of service on or after July 1, 2006. When submitting claims under a provider type 50 (Clinic/Group) the performing provider number field must be completed.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896